

CONTINUED PROSECUTION APPLICATION (CPA)
REQUEST TRANSMITTAL

(Only for continuation or divisional applications under 37 C.F.R. §1.53(d)) [+]



Address to: Assistant Commissioner for Patents
Box CPA
Washington, D.C. 20231

First Named Inventor: **Heath**
Group/Art Unit: **1645**
Express Mail Label No.: **EL688459577US**

Examiner Name: **Duffy, P.**
Atty Docket No.: 003/029/SAP

This is a request for a ☒ continuation or ☐ divisional application under 37 C.F.R. §1.53(d), (continued prosecution application (CPA)) of prior application number **08/699,716**, filed on **August 27, 1996** entitled **Recombinant F1-V Plague Vaccine**

1. ☐ Enter the unentered amendment previously filed on _____.
2. ☒ A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. §1.53(d)(4).
 - a. ☐ Delete the following inventor(s) named in the prior nonprovisional application:

 - b. ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations

.....
Claims

For	Number filed	Number extra	Rate	Calculations
Total claims	19 -20	0	x\$18 = \$	0.00
Independent claims	4 - 3	3	x\$80 =	80.00
Multiple Dependent claims if applicable			+\$_____ =	
			Basic Fee	= 710.00
			Total of above calculations=	790.00
Reduction by 50% for filing by small entity				
			TOTAL	= 790.00

.....

6. Small entity status
 - a. ☐ Small entity statement is enclosed, if (b) and (c) do not apply.
 - b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
 - c. ☐ Is no longer claimed.

04/11/2001 CCHAU1 00000118 210380 08699716

01 EC:131 710:00 CH
02 EC:132 80:00 CH

23
hinda
4/16/01

[+]

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 21-0380.

a. ☒ Fees required under 37 C.F.R. \$1.16.

b. ☒ Fees required under 37 C.F.R. \$1.17.

c. ☒ Fees required under 37 C.F.R. \$1.18.

8. ☐ A check in the amount of \$_____ is enclosed.

9. ☐ Other:

NOTE: the prior applications correspondence address will carry over to the CPA unless a new correspondence address is provided below.

10. New Correspondence address:

Name:

Address:

City:

State:

Zip code:

Country:

Telephone:

Fax:

11. Signature of Applicant, Attorney, or Agent required

Name: Sana A. Pratt Registration No. 39,441

Signature: S.A. Pratt

Date: April 9, 2001